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PETITION FOR EXTENSION OF TIME UNDER  
37 CFR 1.136(a)Docket Number (Optional)  
HU2001 CONTo: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In re Application of Deidre J. Hunter, et al.

Application No. 10/695,659

Filed October 27, 2003

For: Disposable Sanitary Seat Cover

Art Unit 3636

Examiner Milton Nelson, Jr.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>	\$ <u>55.00</u>	\$ <u>55.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>420.00</u>	\$ <u>210.00</u>	\$ <u>0</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>950.00</u>	\$ <u>475.00</u>	\$ <u>0</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1,480.00</u>	\$ <u>740.00</u>	\$ <u>0</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2,010.00</u>	\$ <u>1,005.00</u>	\$ <u>0</u>

☒ Applicant claims small entity status. See 37 CFR 1.27.☒ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
☒ attorney or agent of record. Registration Number 41,226  
☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

Date

720-406-5385

Telephone Number

SIGNATURE

Sarah J. Smith

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of one forms are submitted.